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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *KCW*  
 This appln claims benefit of 60/442,573 01/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *KCW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 11/28/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Kenneth C. Williams</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
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 29391  
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TITLE  
 Therapeutic body area-specific covering

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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